

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or a joint inventor (if plural names are listed below) of the invention entitled:

TRUNCATED GLIAL CELL LINE-DERIVED NEUROTROPHIC FACTOR

which is described and claimed in the specification which:

is attached hereto.

was filed on _____
as Application Serial No.: _____
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Ron K. Levy, Registration No.: 31,539, Steven M. Odre, Registration No.: 29,094, and Daniel R. Curry, Registration No. 32,727, said attorney(s)/agent(s) to have in addition full power of revocation, including the power to revoke any power herein granted.

Please send all future correspondence to:

U.S. Patent Operations/DRC
M/S 10-1-B
AMGEN INC.
Amgen Center
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Direct Telephone Calls To:

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Date: September 28, 1995

"Express Mail" mail labeling number: TB 530269575 US	Date of Deposit: September 28, 1995
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Box Patent Application, Assistant Commissioner of Patents, Washington, D. C. 20231 (Sender's Signature Below)	
(typed name) Ronda G. Spahr	Ronda G. Spahr

DECLARATION AND POWER OF ATTORNEY (cont'd)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

**Full Name of Sole
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Inventor's Signature: John Doe

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**Full Name of Second
Joint Inventor, if Any:**

Inventor's Signature: _____

Date: _____

Residence: _____

Post Office Address: _____

Citizenship: _____

Full Name of Third Joint Inventor, if Any: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Post Office Address: _____

Citizenship: _____